



RANGER I/WILDLAND FIREFIGHTER - 17302
GEORGIA FORESTRY COMMISSION
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Type or print clearly in ink and sign this application - if not, the application will be returned.

BIOGRAPHICAL DATA

Daytime Phone Number										Alternate Phone Number										Email Address																																							
Last Name										First Name										Middle Initial																																							
Street Address																																								Apartment No.																			
City															State										Zip Code										County																								

EMPLOYMENT ELIGIBILITY

To be employed by the State of Georgia, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United State citizenship or authorization to work in this country, leaving previous State employment under good circumstances, and for some jobs, not having been convicted of a felony. Please answer the following questions. **If you answer yes to questions 3 and/or 4, attach an explanation.**

1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. Have you ever been dismissed from any State of GA government position? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SKILLS AND EXPERIENCE (Check any which apply to you.)

<u>Driving License</u>	<u>Heavy Equipment</u>	<u>Truck Driving</u>	<u>Mechanic</u>	<u>Computer</u>	<u>Trade</u>
Commercial? <input type="checkbox"/> A <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> License No.: _____ Issuing State: _____	<input type="checkbox"/> Crawler <input type="checkbox"/> Farm Equipment <input type="checkbox"/> Backhoe/Loader <input type="checkbox"/> Other _____	<input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Straight Truck Single Axle <input type="checkbox"/> Straight Truck Tandem <input type="checkbox"/> Other _____	<input type="checkbox"/> Preventive <input type="checkbox"/> Replace Parts <input type="checkbox"/> Rebuild Engines <input type="checkbox"/> Rebuild Transmissions <input type="checkbox"/> Other _____	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Outlook <input type="checkbox"/> Internet/Intranet <input type="checkbox"/> Other _____	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Carpentry <input type="checkbox"/> Masonry <input type="checkbox"/> Welding <input type="checkbox"/> Tig <input type="checkbox"/> Mig <input type="checkbox"/> Other _____

VETERAN'S PREFERENCE

If you want to apply for Veteran's Preference, check the type below and attach copies (which cannot be returned) of the documents to your application.

X	Type of Veteran's Preference	Required Documents
<input type="checkbox"/>	VETERAN	DD214 showing dates of service
<input type="checkbox"/>	DISABLED VETERAN	Certificate of service-connected disability from V. A. dated within the last 6 months; DD214
<input type="checkbox"/>	VETERAN'S WIDOW	DD214; marriage and death certificates
<input type="checkbox"/>	DISABLED VETERAN'S WIFE	Disabled veteran's documents dated within last 6 months; DD214; veteran must have 100% disability

CERTIFICATION - READ CAREFULLY BEFORE SIGNING

I certify that all information on this application is correct. I authorize any agent or employee of the State to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law.

I further certify that either: **(1)** I have not been convicted of a drug-related criminal offense; or **(2)** if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction or more than five (5) years since a second or subsequent conviction.

I authorize the Georgia Forestry Commission to run a three-year motor vehicle report on my license number and a criminal background check on me at any time during the hiring process or during any subsequent employment.

Signature _____ Date _____

AVAILABILITY

NOTE: THE INFORMATION IN THIS SECTION WILL BE USED TO COMPLETELY REVISE ANY AVAILABILITY PREVIOUSLY FILED WITH THE GEORGIA FORESTRY COMMISSION

TYPE OF JOB SOUGHT

☐ Full Time ☐ Temporary ☐ Part Time ☐ Any

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Are you a State of Georgia retiree?

☐ Yes _____ ☐ No

Retirement Date

Are you a State of Georgia retiree?

☐ Yes _____ ☐ No

Retirement Date

For what location/county are you applying?

Are you related, by blood or marriage, to anyone currently employed by the Georgia Forestry Commission? ☐ Yes ☐ No

If yes, please state who and your relationship to that employee:

Name: _____

Relationship:

Name: _____

Relationship:

How did you learn about this job opening?

☐ Newspaper Ad

☐ Friend or Relative

- Sign at Unit
- Forestry Commission Website: GaTrees.org

☐ School

☐ Other, please list: _____

- Forestry Commission Website - GaTrees.org
- Dept. of Labor

Other, please list:

EDUCATION

EDUCATION

- ☐ High School or GED
- ☐ Vocational/Technical School
- ☐ AA or AS Degree - Date Received _____

☐ BA or BS Degree - Date Received _____

☐ MA or MS Degree - Date Received _____

College:

Hrs. completed if degree not obtained:	
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Major:

Major:

Minor:

Field of study if degree not obtained:

Relevant classes:

College:	Hrs. completed if degree not obtained:
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Major:

Minor:

Field of study if degree not obtained:

Relevant classes:

LICENSES AND CERTIFICATES			
Type of License/Certificate	Specialization/Endorsements	License/Certificate Number	Expiration (Mo./Yr.)

LICENSES AND CERTIFICATES

[illegible]

WORK HISTORY

Describe your work history below with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs, describe each separately. Describe in **detail the specific duties** beginning with your primary duties. If you need additional space, attach additional sheets which contain the same information requested in this section. Include the number and types of employees under your **supervision, and give percentage of time** for each duty. Be complete in your description of duties. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

Current or Last Employer	Job Title		
Address	From (mo./yr.)	To (mo./yr.)	Hours/week
City State	Zip Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	
Supervisor's Name and Title	Supervisor's Phone #	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for Leaving	Annual Salary	# and type of employees you supervised	

[illegible]

Employer	Job Title		
Address	From (mo./yr.)	To (mo./yr.)	Hours/week
City	State	Zip Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern
Supervisor's Name and Title	Supervisor's Phone #	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for Leaving	Annual Salary	# and type of employees you supervised	

[illegible]

WORK HISTORY (Continued)					
Employer's Name:					
Address:					
City:					
State:					
Zip:					
Phone:					
Date Hired:					
Date Released:					
Position Held:					
Description of Duties:					
Reason for Leaving:					
Supervisor's Name:					
Signature:					
Title:					
Date:					

Employer	Job Title		
Address	From (mo./yr.)	To (mo./yr.)	Hours/week
City	State	Zip Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern
Supervisor's Name and Title	Supervisor's Phone #	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for Leaving	Annual Salary	# and type of employees you supervised	

[illegible]

Employer		Job Title		
Address		From (mo./yr.)	To (mo./yr.)	Hours/week
City	State	Zip Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	
Supervisor's Name and Title		Supervisor's Phone #	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for Leaving		Annual Salary	# and type of employees you supervised	
%	Describe in detail your job duties and the average percent of work time you spent on each duty.			

[illegible]

Note: For additional work history, please photocopy this page or attach the required information on a separate sheet of paper.

DRIVER’S LICENSE INFORMATION

By completing the Driver’s License information below, you authorize the Georgia Forestry Commission to obtain a 7-year Motor Vehicle Report for the purpose of examining your license status and driving history to determine your fitness for operating commercial class vehicles on behalf of the Georgia Forestry Commission.

We will only process MVR reports for applicants who are selected for interview. If we are unable to run the MVR, you will be contacted and instructed to bring a 3-year MVR with you to the interview.

MVR reports can be obtained at most State Patrol Posts and at any Department of Driver Services Office for a fee.

DRIVER’S LICENSE INFORMATION (information must be exactly as it appears on the Driver’s License):

First Name	Last Name	Date of Birth	License #

INSTRUCTIONS

KEEP A COPY OF THIS APPLICATION. The employing agency may require a copy of pages 1 and 2 at time of interview. Do not submit originals of permanent, personal documents. They cannot be returned and this application cannot be returned. Legible photocopies of this application and attachments, if any, are acceptable.

Completed Applications Must Be Mailed To County Unit or District Office Address

**GEORGIA FORESTRY
COMMISSION**



(1) Fill out application completely. (2) Print or type county unit or district office mailing address from page four and your return address in blanks below. (3) Fold on dotted line and tape closed. (4) Attach postage and mail.

Post Office
will not deliver
without proper
postage.

_____, Georgia _____